

A Guide to Completing the Financial Status Report (FSR) Short Form SF-269A
EPA Region 10

Note: Use of this guide does not substitute for following the instructions on the back of the form.

1. Federal Agency and Organizational Element to Which Report is Submitted EPA	Self-Explanatory
2. Federal Grant or Other Identifying Number Assigned By Federal Agency	Get this from your Grant Agreement.
3. Recipient Organization (Name and complete address, including ZIP code)	This information must be complete.
4. Employer Identification Number	Otherwise known as the EIN. Please provide this.
5. Recipient Account Number or Identifying Number	Optional. Use for your own accounting purposes.

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<p>6. Final Report</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If this is an interim report, check “No.”</p> <p>If the grant has expired, and you are submitting this report to close it out, check “Yes.”</p>
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<p>7. Basis</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Accrual</p>	<p>This refers to your accounting procedures. This information is helpful, but not required.</p>
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<p>8. Funding/Grant Period (<i>See instructions</i>)</p> <table border="1" style="width: 100%;"><tr><td style="width: 50%;">From: (Month, Day, Year)</td><td style="width: 50%;">To: (Month, Day, Year)</td></tr></table>	From: (Month, Day, Year)	To: (Month, Day, Year)	<p>This should be the Budget and Project Period dates shown on your Grant Agreement. Use MM/DD/YY format.</p>
From: (Month, Day, Year)	To: (Month, Day, Year)		

<p>9. Period Covered by this Report</p> <table border="1" style="width: 100%;"><tr><td style="width: 50%;">From: (Month, Day, Year)</td><td style="width: 50%;">To: (Month, Day, Year)</td></tr></table>	From: (Month, Day, Year)	To: (Month, Day, Year)	<p>This is the period covered by the FSR you are submitting. Use MM/DD/YY format.</p> <p>These dates cannot fall outside of the Funding/Grant Period shown in Block 8.</p>
From: (Month, Day, Year)	To: (Month, Day, Year)		

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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays			0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share(<i>Sum of lines c and f</i>)			0.00
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds(<i>Line h minus line g</i>)			0.00

I Previously Reported	II This Period	III Cumulative
This is the cumulative amount brought forward from column III from the previous report. If this is the first report, this will be blank.	The amounts you are reporting for the period indicated in block 9.	Columns I and II added together.

a. Total outlays _____	This is the amount you have paid out in expenses for this grant, NOT THE AMOUNT OF GRANT FUNDS YOU HAVE DRAWN DOWN.
b. Recipient share of outlays _____ _____	If you have a cost-share or match requirement, this is for your share of the total outlays.

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<hr/> c. Federal share of outlays	This is the amount being paid for by EPA funds.
d. Total unliquidated obligations	For costs incurred, but not yet paid. On your final FSR, this should be 0.
e. Recipient share of unliquidated obligations	The amount of the obligations in d. that will be paid via match or cost-share.
<hr/> f. Federal share of unliquidated obligations	The amount of the obligations in d. that are payable with EPA funds.
<hr/> g. Total Federal share(Sum of lines c and f)	The total amount that has or will be paid using EPA funds.
<hr/> h. Total Federal funds authorized for this funding period	The total amount of EPA funding awarded through the end of the current reporting period. Check all grant award and amendment documents received to date.
<hr/> i. Unobligated balance of Federal funds(Line h minus line g)	The remainder of the EPA funds awarded to you after paid or unpaid obligations are accounted for. THIS CANNOT BE A NEGATIVE NUMBER. If you have spent or otherwise obligated the entire amount of the EPA award, this will be 0.

<div style="border: 1px solid black; padding: 5px; width: fit-content;"><div>11. Indirect Expense</div></div>	If you are charging approved indirect costs during this reporting period, you must provide this information. Follow the instructions on the back of the form.
12. Remarks:	Use as appropriate.

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13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.	
Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted
This section must be completed. IT MUST BE SIGNED AND DATED TO BE VALID. If not, it will be returned to you.	

